FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 AUG 23 PM 1:59
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039850

1. Corporation Name
C.N.D.C. MEDICAL EQUIPMENT CORPORATION

2. Principal Office Address	3. Mailing Office Address
2901 SW 8TH STREET	2901 SW 8TH STREET
Suite, Apt. #, etc.: 106	Suite, Apt. #, etc.: 106
City & State: MIAMI, FL	City & State: MIAMI, FL.
Zip: 33135 Country: USA	Zip: 33135 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/26/1994

5. FEI Number: 65-0494437 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RAFAELA ACOSTA

Street Address (P.O. Box Number is Not Acceptable): 2901 SW 8TH STREET

Suite, Apt. #, Etc.: 106

City: MIAMI State: FL Zip Code: 33135

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Rafaela Acosta REGISTERED AGENT MUST SIGN Date: 08/20/02

CR2E061 (8/91)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	RAFAELA M. ACOSTA	2901 SW 8TH STREET # 106	MIAMI, FL. 33135
SECR	RAUL LAZARO REYES	1102 SE 12TH TERRACE	HOMESTEAD, FL. 33036

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Rafaela Acosta 08/20/02 (305) 649-7125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

C.N.D.C. MEDICAL EQUIPMENT CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00